



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E445137**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	15-01827
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	07 - 18 - 2015	TIME (2400)	2030	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		
8915 MARKET PL			BLOCK NO.	
			MILE POST	

DISTANCE		MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	AUD0736	STATE	WA	VIN#	WVWGV7AJ3BW002888
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	VOLK	MODEL	GTI	STYLE	2H	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	ALEC ADKISSON 11324 21ST PL NE LAKE STEVENS WA 98258 D: 4259235786
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H1607133
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	G. HEINEMANN #133	BADGE OR ID #	#0133	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E445137**

CASE # **15-01827**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On July 20th, 2015, the owner of Unit 2 contacted me at the Police Department in regards to his vehicle being struck on Saturday, July 18th, 2015 in the Haggen parking lot. He indicated the collision occurred between the hours of 2030 and 2130. The vehicle was unoccupied and only had damage to the rear hatch/bumper area. There were no witnesses for the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133

07-22-15 08:42 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

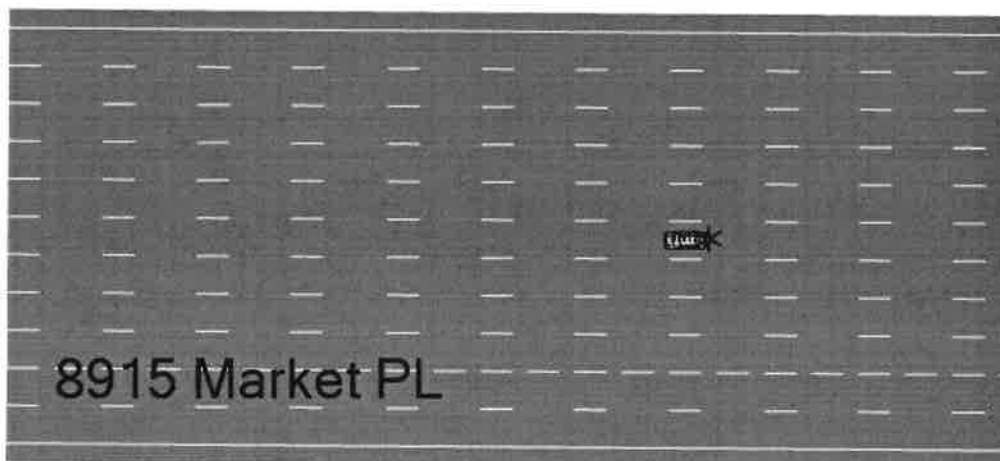
SGT. C. VALVICK 71

7/23/2015 5:39:40 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	2:25 PM	TIME POLICE ARRIVED	2:25 PM
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Not to Scale



STATE OF WASHINGTON UNIFORM INCIDENT REPORT

DATA	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 15-01827	
	TYPE OF REPORT		<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT	
	<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED	
	INCIDENT CLASSIFICATION Hit And Run					
PERSONS / BUSINESSES	ADDRESS / LOCATION OF INCIDENT 8915 Market Pl		PREMISES TYPE / NAME Business/Haggen		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO	
	MONTH 07	DAY 20	YEAR 15	TIME 1425	DOW Mon	MONTH 07
	DAY 18	YEAR 15	TIME 2030	DOW Sat	MONTH 07	DAY 18
SUSPECT / SUBJECT	ADDL ON <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD	
	D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB	
	P - POLICE O - OTHER U - UNK		RACE W		ETH M	
	SEX M		DOB 122095		HGT 508	
VEHICLE / TRAILER / BOAT	NO. V-1		NAME (LAST, FIRST, MIDDLE) Addisson, Alec J		RACE W	
	STREET ADDRESS 11324 21st PL NE		CITY Lake Stevens		STATE WA	
	RESIDENCE PHONE 425-923-5786		BUSINESS PHONE		OCCUPATION	
	SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC	
SIGNATURE	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES: A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING	
	I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER		RACE W	
	ETH M		SEX M		DOB 122095	
	AGE 19		HGT 508		WGT 190	
STATUS	ALIAS NAME(S)		IDENTIFIERS		RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	STREET ADDRESS		CITY		STATE	
	EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER	
	DRIVERS LICENSE / I.D. CARD NO:		STATE		RES. PHONE	
VEHICLE	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #	
	ARREST DATE		LOCATION OF ARREST		CHARGES	
	AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>	
	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRIT.		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH	
VEHICLE	JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE / TIME NOTIFIED	
	VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input checked="" type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER	
	VIN / HULL NUMBER WVWGV7AJ3BW002888		YEAR 11		MAKE VOLK	
	MODEL GTI		STYLE		REGISTERED OWNER'S NAME Alex J. Addisson	
VEHICLE	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input checked="" type="checkbox"/> DRIVEN AWAY		TOW COMPANY NAME / ADDRESS / PHONE		STATE TOW NO.	
	LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>		KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>	
	VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>		DRIVE-ABLE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
	DAMAGE TO VEHICLE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		SPECIFY DAMAGE BY <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 5 3 1 8 6 4 2	
VEHICLE	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT, (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.					
	<input type="checkbox"/> RELEASED PROPERTY TO _____ <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING					
	<input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input checked="" type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E)					
	SIGNATURE OF PERSON _____ DATE _____					
STATUS	OFFICER NAME / NUMBER Heinemann/133		AREA S		APPROVED BY [Signature]	
	FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS	
	<input type="checkbox"/> MARYS <input type="checkbox"/> EVGRN		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATA ENTERED [Signature]	
	DATE		DATE		DATE	

ORIGINAL

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run	INCIDENT NUMBER 15-01827
NAME OF VICTIM(S) Alec J. Adkisson		

Narrative:

On July 20th, 2015 at approximately 1425 hours, I was dispatched to the lobby of the police department to speak with an individual regarding a hit and run that occurred on Saturday July 18th, 2015.

I spoke with the registered owner, Alec J. Adkisson. Alec stated that on the night of July 18th, at approximately 2030 hours, his vehicle was struck by another in the Haggen parking lot. The address for Haggen is 8915 Market PL in the city of Lake Stevens.

Alec's vehicle is a 2011 Volkswagen GTI with the WA License Plate of AUD0736. He stated that he parked in the Haggen parking lot at 2030 hours and walked to Dairy Queen to meet friends. He then returned to his vehicle at approximately 2130 hours. Alec stated he did not notice the damage until Monday, July 20th. He was adamant that this was the only fraction of time that the damage could have occurred. The damage acquired is a vertical scratch on the rear hatch with a slight dent to the hatch and bumper. Estimated cost of repair is \$500.00 dollars.

Alec did not see anyone hit his vehicle and there are no cameras located in the parking lot. Alec provided his insurance company information: Safeco Insurance- H1607133.

Prior to Alec departing, he filled out a statement regarding the above incident. There is no additional information to report.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER Heinemann/133	APPROVED BY 
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**LSPD
ORIGINAL**

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-01827

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Adkisson, Alec Jeffrey	RACE White	ETH	SEX Male	DOB 12/20/1995	AGE 19	HGT 5'9"	WGT 205	HAIR Dark	EYES Blue
STREET ADDRESS 11324 21st PINE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425-923-5786			PLACE OF EMPLOYMENT C+D Zodiac Aerospace					
WORK PHONE		EMAIL ADDRESS Adkissonalec@yahoo.com								

I, Alec J. Adkisson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was parked in the Haggens parking lot near the pizza hut from 8:30 pm - 9:30 pm Saturday night. I went inside haggens to grab a drink then proceeded to walk to the new Dairy Queen and met with some friends inside. At roughly 9:30 pm we left Haggens parking lot and went to Henry's donuts in Mukilteo near boeing in Everett. Leaving Henry's donuts around 11:00 pm I went home and to sleep. On Sunday I went outside around 1:00 pm to notice there was a scratch and dent on the left side of my hatch on my 2011 Udon Gti. Upon more investigation I also noticed to the upper left of my bumper was pushed up and paint ready to crack (have pictures). The only time on Saturday my vehicle was out of sight from me. I presume a truck must have backed into me and not noticed then left.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <i>Alec J. Adkisson</i>	DATE SIGNED 7/20/15	LOCATION SIGNED Lake Stevens Police Dept.
OFFICER NUMBER 135	DATE SIGNED 7-22-15	LOCATION SIGNED LSPD

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

ORIGINAL

Incident History for: #SS15014446

Case Numbers: \$SS15001827

Entered 07/20/15 14:25:13 BY SPDP17 SP0371
Dispatched 07/20/15 14:25:13 BY SPDP17 SP0371
Enroute 07/20/15 14:25:13
Onscene 07/20/15 14:32:35
Closed 07/20/15 14:41:34

Initial Type: AP Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-5 Group: SS1 Beat: Src

Loc: 2211 GRADE RD , LKS -- LKS PD , LKS btwn 22 ST NE & 24 PL NE (V)

Loc Info:

Name: Addr: Phone:

/1425 (SP0371) \$OUTSRV , WALKIN
/1425 DISPER 19D3 #SS133 HEINEMANN, OFFICER (GAVIN)
WALKIN
/1425 (SS133) REMINQ 19D3 MDTVEH, AOS7788, , WA, , , , , , , , ,
/1425 REMINQ 19D3 MDTVEH, ATC4108, , WA, , , , , , , , ,
/1425 REMINQ 19D3 MDTVEH, ATC4108, , WA, , , , , , , , ,
/1427 (SP0371) CHANGE LOC: LKS PD --> 2211 GRADE RD , LKS,
BLK: --> SS001
/1428 (SS133) REMINQ 19D3 MDTVEH, AFU9878, , WA, , , , , , , , ,
/1431 REMINQ 19D3 MDTVEH, C20040C, , WA, , , , , , , , ,
/1432 *ONSCNE 19D3
/1438 (SP0371) CHANGE TYP: AP
---> COL .
/1438 ASNCAS 19D3 \$SS15001827
/1438 MISC 19D3 , HIT AND RUN
/1441 (SS133) *CLEAR 19D3 D/H
/1441 CLOSE 19D3

LSPD
ORIGINAL